

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1214SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VEGAS VALLEY REHABILITATION HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2945 CASA VEGAS STREET</b> <b>LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/06/09 and finalized on 10/07/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022951 was unsubstantiated. Complaint #NV00022952 was substantiated with deficiencies cited. (See Tags # Z064 and Z310)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000			
Z 64 SS=D	<p>NAC 449.74429 Transfer or Discharge of Patient</p> <p>5. A facility for skilled nursing shall prepare a patient for his transfer or discharge in such a manner as to ensure the safe and orderly transfer</p>	Z 64			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z 64	Continued From page 1  or discharge of the patient from the facility. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and facility discharge policy and procedure review, the facility failed to ensure the safe and orderly discharge of a confused elderly resident diagnosed with dementia from the facility. (Resident #2)  Severity: 2 Scope: 1  Complaint #NV00022952	Z 64			
Z310 SS=D	NAC449.74493 Notification of Changes or Condition  1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to immediately notify the	Z310			

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Z310	Continued From page 2  patients legal representative or family member that the resident, who was an elderly confused resident diagnosed with dementia, was being discharged from the facility and failed to appropriately transfer the care and protective custody of the resident to a responsible family member. (Resident #2)  Severity: 2 Scope: 1  Complaint #NV00022952	Z310			

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